BP.

DHMH - 16 50M 1/B1 (VRA 15, 4)

	1.	FOR STATE REGISTRAR	DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH		U	1/	0 2
		CEASED NAME FIRST	MIDDLE	0,	AST	REG. NO 2a. DATE OF DEATH MONTH	H DAY	YEAR 2b h	HOUR
		ASKINS.	MILTON	K.		- 22-	83/19	2:58PM	
	3. SE	x M	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNI		NDER 24 HRS
		/	NKG.	0,8	. 31 . 19		YRS		AVING.
21		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIE	NEVER MARRIED	BALTIMORE CITY OR CO		EATH	
70		MARYLAND ITY OR TOWN OF DEATH	USA	WIDOWE		DORCHESTI			MD
3	13	AMBRIDGE	11. NAME OF HOSPITAL, NURSIN ORCHESTER		11	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK		RETTR	
2/	USU.	AL RESIDENCE (IF NURSING HOME OF		ADMISSION)					
0	M	PARYLAND DUR	CHESTER CAMBRI		YES NO	130. STREET ADDRESS	ST.	216	13
91	14. F/	JAMES TAMES	ASKIN	S	SADIE	MIDDLE	RRAR	LAST	
1			RMED FORCES? 166 SOCIAL SECU			STER) ADDRESS		51	613
1		NO	220.10.	6151	RUTH ASKIN	S 704 Pine	St.	Camb.	,Md.
		18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), and	d (c)				APPROXIMATE I	AND DEATH
34			TE CAUSE (D) DEPS/S					DAUS	1/2
		4408	DUE TO, OR AS A CONSEQUE		Gara. Adra	1100- 6-		04.	
		Conditions, if ony, which gove rise to immediate	(b) 1/6 CRO	TICE	SMALL MIND	LAPGE BOWE	- (Sprin	
		couse (o), stoting the underlying couse lost.		ATHO		HOURAR DISE		NETAL	S
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CONDITION	N GIVEN IN	PART Ito	
-	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED			RE FINDINGS (
La	RTIFI	1/19/83	ADD DISTERUSI	on,	DARRHEA	YES NOW	YES [CAUSES OF D	D C
9	1	210. ACCIDENT WAS UNDERLYING CAUSE OF DE	ATH HOUR A.M. MONTH DA		21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 O	RPART 2)	
	MEDIC	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M. 21e PLACE OF INJURY	19	21f. LOCATION				
	W	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FA	ARM ETC)	STREET	CITY OR TOWN	C	OUNTY	STATE
		220.1 certify that this hospi	ital) attended the deceased from		1/2 19 83	10 1/22	19	, thor	Dwe) lost
		dian the discussed olive on	1/22/03 19	, on	d that in (my) our) opinion o	death occurred on the date on	d hour ond	from the couse	s stated
		22/ SIGNATURE	B. Was	000	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3.0	17.3	ED 2
1		12d. PHYSICIAN'S NAME (TYPE C	DR PRINT)		22e ADDRESS			1001	0
		DAULO B.	STOECKLE M		400 HUROX	LA ST CAN	1BR	NAPE	Mo
	1	BURIAL, CREMATION, REMOVAL SPECIFY) Burial			n U.M, Com	East M. M	kt.coq	dor.,	Md.
		JNERAL DIRECTOR	RIO III. D. D MODRESS A	0		E REC'D. BY REGISTRAR 256 RE	GISTRAR'S	SIGNATURE	
	الد	· u · moardreh	312 Hubbard St	• Cam	b., Md. JA	N 3 1 1983 1/2	an s	2. C. :	. 4

STATE OF MARYLAND

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FOR - STATE

(VR A 15 (4))

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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STATE OF MARYLAND

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n	1	FOR			DEPARTMENT OF	HEALTH	AND MENTAL	HYGIENE) /	Jo
	1.	STATE REGISTRAR		ME	DICAL EXAMIN	NER'S C	CERTIFICATE C	OF DEATH	REG. NO.	w	11
		CEASED NAME	FIRST		MIDDLE		LAST	2a DATE	KNOWN []	MONTH DAY YE	AR 2b HOUR
₩ 4.48 E	(TYF	PE OR PRINT)	Willi	s Bay	ly Bra	nnoc	k Jr.	OF	MATED	7 01, 100	
FILES. FILES. FURS THEET,	3. SEX	K 4. R	ACE	S. DATE OF BIRTH	6 AGE (IN Y	EARS IF UN	NDER 1 YR. TIF UNDER			1-24-198	AR 2d HOUR
3		male wl	nite		1 9 00 LAST BIRTHI	DAY) MONTE		MIN. PRONOU	NCED	n. 24 18	
184		IRTHPLACE (STATE)		7b. CITIZEN OF W		RS.			0 4.	n. 24 18	3 4:25 PM
1	FC	Del.		USA	THAT COUNTRY!		IED NEVER MARR	RIED DO	rchest		LIM
1	100	ITY OR TOWN OF I	DE ATU		CDITAL ANIDON IO HOLI	WIDOW		LED LI			MD.
DK				JIENOT IN SUCH F	SPITAL, NURSING HOM ACILITY, GIVE STREET ADDRESS) CE St.	E, OR OTH	IER INSTITUTION	12a USUAL OCCU	RKING LIFE)	OR INDI	JSTRY
00		ambridge						Insura	nce sa	alesman-r	et.
27	13a S	AL RESIDENCE (IF IN TATE	13h COUN	TY	INE RESIDENCE BEFORE ADMISS	ION)	13d. INSIDE CITY LIMITS?	13e STREET ADDR	FSS	21	613
55		AL RESIDENCE (IF IN MATE	Dorc	hester	Cambridg	e	YES 🔀 NO	701	Race	St.	010
01		ATHER'S NAME		MIDDLE	,		15. MOTHER'S MAID	ENNAME	AIDDLE		
771		Willis	Ba	VIV	Brannock		Rober	ta	MODIE	Coulbou	rne
-	160. V	VAS DECEASED EV	ER IN U.S. ARA	MED FORCES?	166. SOCIAL SECURI	IY NO.	17. INFORMANT		ADDRESS	Pin Oak	
1	(Y	Yes;	(IF YES, GIVE.	WAR ORDATES)	214-07-	7092	Sally A	Ann Clem	Fact	on Md.21	601
1	-						12		Last		AATE INTERVAL
		PARTIDEATH			for (a), (b), and (c).)	07110	i an			BETWEEN	NSET AND DEATH
VAL		Wine	IMMEDIAT		ronary oc		TOU				
WIN		Conditions	if any, which	DUE TO, OR	AS A CONSEQUENCE	OF					
AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF KITTAL RECORDS, 201 BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	-	gave rise	ta immediate								
5		cause (a) stat	ting the <u>under-</u> ast.	DUE TO, OR	AS A CONSEQUENCE	OF					
5			-	(c)							
	-	PART 2 OTHER SIGNIFI	CANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL OISEASE	E OR CONDITION GIVEN IN PA	ART 1 (a)			
	O N						-71				
6	3	19a. DATE OF OP	ERATION	19b. CONDI	TION FOR WHICH OPE	RATIONW	AS PERFORMED?			20 AUTOF	SY?
2	E	AL - MI								YES [NO 🔀
-	CERTIFICATION	21a. EXTERNAL C		21b. TIME O		21c. HC	OW INJURY OCCURRE	ED LENTER NATURE OF IN	JURY IN ITEM 18 PA		
5	¥	UNDERLYING CONTRIBUTING	OR CAUSE OF I		A. MONTH DAY YEA	K					
É	MEDICAL	21d INJURY OCC		21e. PLACE	OF INJURY (AT HOME,		CATION				11/
	X	WHILE N	OT WHILE	STREET, FAC	TORY, FARM, ETC.)	S	STREET	CITY OR TO	NWN	COUNTY	STATE
		AT WORK A	WORK		· · · · · · · · · · · · · · · · · · ·						
		22a I certify th	at I taak charg	e of the remains de	scribed abave, held an	Autap	sy 🔲 , Inspectio	on 🗶 , Inquiry	X, and	in my opinion	
		death resulted fr	om: Natur	ral causes .	Accident, S	vicide 🗌	, Hamicide .	Undetermined m	anner .		
			0	2	0		TITLE (SPECIFY)				
	1	ACTUAL SIGNATURE	Din	2200	en b	M	Deputy	MEDICAL EXA	MINER	DATE SIGNED 1/2	25/83
-	-	1			- /					0.0.1.0	
1	-	EXAMINER SAA	ME Joh	n Mace	Jr. M.D.		ADDRESS C	ambridge	. Md.		
<u> </u>	23a.B	URIAL, CREMATIO	V, REMOVAL 2	36 DATE	123c. NAME OF CE			23d LOCATION			
	(:	BURIAL		1/26/83			ET CEM.	E. NEW	MARKE	ET DOR.	STAMED,
	24. F	UNERAL DIRECTOR	?					REC'D. BY REGISTRA		TRAR'S SIGNATURE	
,	T	HOMAS T	INERA	T. HOME	CAMBRIDGE	MD	FER		John	I Caniel	2
5))		TIOPINS. I	OMBINA	TIOPE (PUTITION	1,110	1	J = 1000	U	0	

STATE OF MARYLAND

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-	- 5	OR TATE				STATE C INT OF HEA		MENTAL HY		3	0	1	10) 6		
1.	DECE	EGISTRAR EASED NAME OR PRINT)	FIRST	ed Dryden	WIDDIE		LAST	ICATEO	2a. DA	E KNOWN	_ v		20 ₁₉ 8	-		
-	SEX Ma		RACE White	5. DATE OF BIRTH MONTH DAY Oct. 30,			UNDER 1 YR.	IF UNDER 2	UNDER 24 HRS. 21. DATE HOURS MIN. PRONOUNCED Jan. 20, 837:30							
1	Do	THPLACE (STA IGN COUNTRY) rcheste	r Co.	U.S.A.	HAT COUNTRY	WIE	ARRIED A N	DIVORCE	De De	rimore cit	ster			MD		
	El	ortowno dorado		TI. NAME OF HOS (IF NOT IN SUCH FA Dorchest	cility, give stree	eral Ho	spital		FOR MOST OF Propr			- Gen	or indus	Store		
	30. STA		136 COUN	or other institution, GN NTY hester	PERESIDENCE BEFORE 13c. CITY OF Eldor	TOWN	13d INSIDE	CITY LIMITS?	13e. STREET AD	DRESS		214	-58			
	1		Brinsfi		LAS		Mai		Emily 1				LAST			
14	6a WA (YES,	AS DECEASED NO. OR UNKNOW YOS	EVER IN U.S. AR	MED FORCES? WAR OR DATES)		SECURITY NO 17-3802	Glad		insfield	i, Rt.			21658 esdal			
Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a).																
	CERTIFICATION	190. DATE OF C	PERATION	19b. CONDIT	NDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES NO							-				
		INDERLYING	CAUSE WAS OR G CAUSE OF		MONTH D		. HOW INJUR	Y OCCURRED	(ENTER NATURE C	F INJURY IN 1TE	M 18 PART 1	OR PART 2)				
	W .	WHILE AT WORK		21e PLACE C STREET, FACT	OF INJURY (FORY, FARM, ETC.)		LOCATION		CITY O	RTOWN		COUNTY		STATE		
27	3n.BU	death resulted ACTUAL SIGNATURE EXAMINER'S N TYPE OR PRIN	I fram: Natu	ge of the remains des viral causes X, ohn Mace, 23b. DATE	Accident Jr., M], Suicide	M.D. De		MEDICALE	CAMINER],		1/21,	/83 21613		
2		Bu				orado C			Eldor:	TRAR 25	orch EGISTRA	AR'S SIGN	r Mo			
	Fre	amp tom-	Hawkins	Funeral H	lome, 2	16 N	Main St	DAN	2 8 198	3 10	hu	2	shel	1		

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tion Thursday, Camprides, na. 21623

Alderedo, corchester, Hd. . . .

Surface of the Salaralaine, Sd. 1945 Premotom-rateding runeral done, 216 N., Kain St.

126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 21613 Rt. 2 Beaver Neck Rd. ADDRESS 21613 Cedar St. Camb. . Md APPROXIMATE INTERVAL 45 MIN DUE TO, OR AS A CONSEQUENCE OF ARTERIOSCEPOTIC HT DIS. OBSTRUCTIVE PULMONARY DIS NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OF TOWN COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated STAFF PHYSICIAN DIRECTOR PHYSICIAN CAMBRID 65 Burial Taylor's Is. Dor., Md. Lane U.M. Cem. FEB 4 983 PAR STRANGS PROJETRANGS COMME 24 FUNERAL DIRECTOR L.H. Boardley 812 Hubbard Bt. Camb. Md. (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

IF UNDER I YEAR

20. DATE OF DEATH

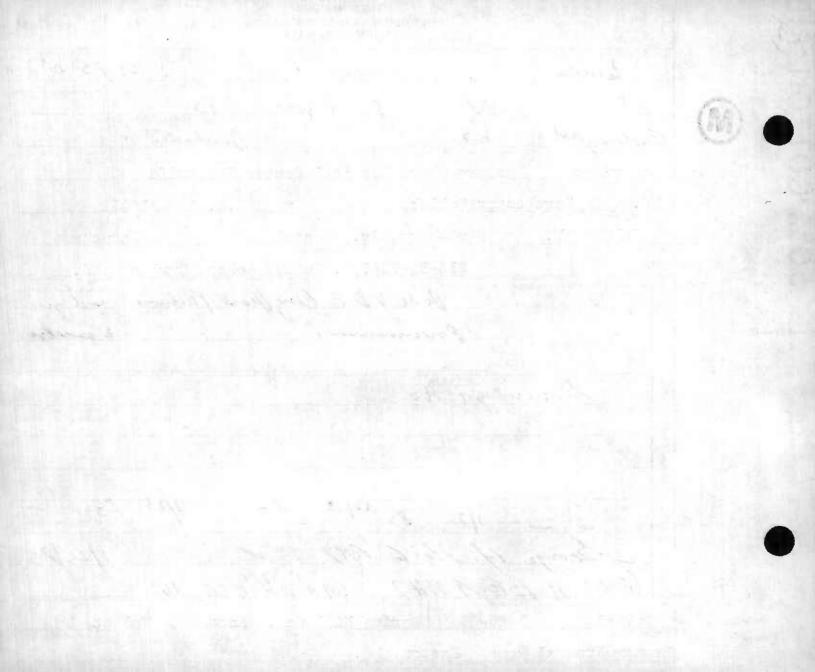
- STATE

REGISTRAR

I. DECEASED NAME

DHMH - 16 50M 1/81

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STATE OF MARYLAND

The state of the s samest arti Long Edition of State 28-9280 Florate Corway, Box 29, durlock, Md. 29642 ourist der. 20,1983 (aryland Vaterers Cer. reulin, Loronester, 10. range of the state of the state of the St. UAM 2

THE BEALT OF A vota to the contract of the remind throng name of talker This damp. ever se Edit many backers. a compart of Mar I - 1/6/83 Green Lawrence desired D. Seld I. Seld ALLE STATE OF THE CONTRACTOR OF THE STATE OF

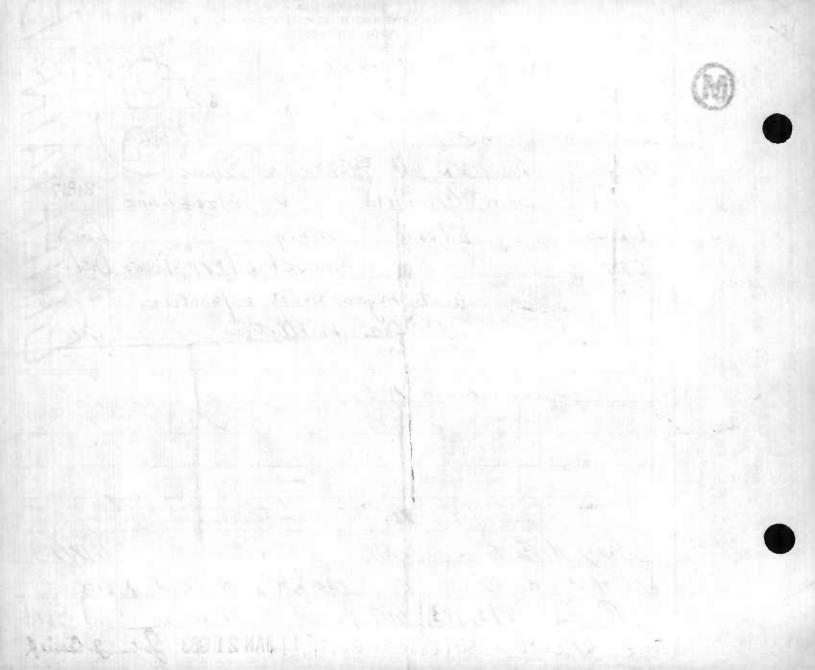
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG NO 20. DATE KNOWN I. DECEASED NAME MONTH 26 HOUR (TYPE OR PRINT) OF ESTI-Edith Elzey Mae DEATH MATED 3. SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE MONTH LAST BIRTHDAY PRONOUNCED 8 8PM 1915 67 YRS DEAD female | white 0.1 24 Jan. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED OREIGN COUNTRY) U.S.A. Virginia WIDOWED DIVORCED 118. GIVE PAGES 1. 2, AND 310 THE FUND 310 T D. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Haven (Rural FORMOST OF WORKING LIFE) New Market USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 21631 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS E. New Market YES Md. Dor. NO X Rural Rt. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME unk. MIDDLE Sampson MIDDLE unk. unk. 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR LINKNOWN) LIEVES GIVE WAR OR DATES! 214-32-5558 Item #13 James G. Elzev no APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) CATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18.
FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W
ORE, PACE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT.
HE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Carcinoma lung with metasteses DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO I 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211. LOCATION TO MEDICAL EXAMINER: THIS CES EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE WHILE COUNTY NOT WHILE AT WORK Inquiry X 22a. I certify that I took charge of the remains described above, held an Autopsy Natural couses death resulted from: Homicide Undetermined monner TITLE (SPECIFY) ACTUAL DATE Deputy SIGNATURE MEDICAL EXAMINER SIGNED John Mace Jr. M.D. Cambridge, Md. (TYPE OR PRINT) 23d LOCATION 23g. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Dor. Cambridge Md. burial 1/16/83 Dor. Memorial Pk. BP. 24 FUNERAL DIRECTOR **DHMH-17** FUNERAL HOME CAMBRIDGE (VR A15 ME (5) 15M 2/80

I in Intel 2 Intitut works 120. Int . Note: The state of the state Ell most whale in coast desired - will The street of the state of the ne lei 1/46/63 (Jor. James - 1 1. Cander) e por. 190.

3/1	FOR STATE REGISTRAR		ME	S' DEPARTMENT C DICAL EXAM	F HEALTH		NTAL HYG	•	3 .,	0	7 1	2
	ECEASED NAME YPE OR PRINT)	NELLI NELLI		MIDDLE		LISH	AILOID	20. DATE OF	KNOWN ESTI-		26 ₁₉ 83	AM M
3. S	FEMALE	CAU.	5. DATE OF BIRTH	1896 86	YEARS IF UN		F UNDER 24 H	RS. 2c. DAT	E	month an.	26, ₁ 83	2d HOUR
	BIRTHPLACE (STA	ATE OR	76. CITIZEN OF W	HAT COUNTRY?	8. MARR	NEVE	ER MARRIED (A	MORE CITY		TY OF DEATH	AM
	CAMBRIDG	E	III WAS	SPITAL, NURSING HOLLING TON S	r'. (h	her ome)	ON 12a	USUAL OCC FOR MOST OF WO	ORKING LIFE)	PE OF WORK	12b KIND OF B OR INDUS	JSINESS IRY
	JAL RESIDENCE (STATE MARYLAN	113b. COUN		130. CITY OR TOW CAMBRI D	V	13d. INSIDE CITY		STREET ADDI	RESS hingto	n St	216	13
	FATHER'S NAME FIRST WILLIA		MIDDLE	ENGLIS		FL	ORENCE	AG	MES		WILLEY	
	WAS DECEASED (YES, NO, OR UNKNOV NO	EVER IN U.S. ARA	MED FORCES? WAR OR DATES)	213-48-9			^{ANT} (sist Elsie T		ADDRES On Box	Tabl.	ryland 2 Church C	
2	gove rise couse (a) lying cous	s, if ony, which to immediate stating the under-	(b)	R AS A CONSEQUENCE BUT NOT RELATED TO THE T	CE OF		GIVEN IN PART 1 (a	ψ.			Few M	
MEDICAL CERTIFICATION	19a. DATE OF	OPERATION	196 CONDI	TION FOR WHICH O	PERATION W	VAS PERFORM	ED?				20 AUTOPSY	r?
MEDICAL CERTIFICATION	21a EXTERNAL UNDERLYING CONTRIBUTIN	CAUSE WAS OR IG CAUSE OF D	21b. TIME O HOUR A.A DEATH P.A	A. MONTH DAY Y	EAR 21c. H	OW INJURY C	OCCURRED (EN	NTER NATURE OF I	NJURY IN ITEM 1	PART 1 OR P		NO ZA
MEDI	21d. INJURY OF WHILE AT WORK	NOT WHILE C		OF INJURY (AT HOME TORY, FARM, ETC.)		STREET		CITY OR T	OWN	cc	DUNTY	STATE
	ACTUAL SIGNATURE EXAMINER (TYPE OR P	d from: Notur	ol couses X, hn Mace	Accident ,	Suicide	TITLE (SPE A.D. Dep	outy ,	ndetermined r MEDICAL EXA	MINER	DATE SIGN	1/07	/83
	BURIAL, CREMAT	AL .	JAN. 29, 19		STER M	EM. PK	. CEM.		The second second	DGE,	DORCHEST	ER MD
	FUNERAL DIRECT	OR UNERAL H	OME, 308	MARY HIGH ST	LAND 2 CAMBRI		JAI	1278	83	blu	J. Can	inter

HILLIAM THE THE 88 3481,21 1_1 Lamint) , Te ha da de de la ARCHIOS ALIENS OF U. Pro-. is not graden and Heritan Assert at 14th ABITITAL 213-48-9025 True and the True on, Box Jus Church Dreet Mass plant of the contract of Colored to the season of the season of

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		1	FOR STATE REGISTRAR	DEPA		H AND MENTAL HYGI TE OF DEATH	REG. N	0 1	/ 1 3
eq 2	2		CEASED NAME FIRST OR PRINT) (FRTA	MIDDLE	FOSE W	E		11/12/193	1 HOUR
Page 4 may	D	3. SE		4 RACE B	5. DATE OF BIR	TH DAY YEAR 28 14	6 AGE (IN YEARS LAST BIR	VRS. PERCENTERS (IA	THE RESERVE OF THE PARTY OF THE
deoth. Po	35		hangland	76. CITIZEN OF WHAT COUNT	MARRIED WIDOWED		DORCHI	R COUNTY OF DEATH	м
urs after by the f filed wit	63	6	AMSRIDGE	PORCH GEN	TREET ADDRESS) Eg/	HER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O		D OF BUSINESS OF RY
in 24 ho y filled in showld be	30	13a. :	Ma COUN	DTHER INSTITUTION GIVE RESIDENCE B	FIELD YES	NO D		LANE	21817
completel	190		DENUS	MIDDLE E/LAST	EF	MIRST MAIDEN NAM	MIDDLE		CUE
be exection and its. Pages	the medic		no	E WAR OR DATES)		AMUE!	ElZIE.	DOVER DI	ε/.
rertif	c event,		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATION OF THE PROPERTY OF THE PROP	ly one cause per line for (o), (b) BY E CAUSE (o)	myoc	ardial	wiferet	APPR BETWE	POXIMATE INTERVAL EN ONSET AND DEATH
4 50	troumoti		Canditions, if any, which	DUE TO, OR AS A CONSE	ovence de la constante de la c	mellin	nes	19	eus.
es that the	or other		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE					
Sign	any injury, o	ATION	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING WARDING 196 CONDITION FOR WH	A5,		NAL DISEASE OR CON	DITION GIVEN IN PART	
he hos		CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		HOW INJURY OCCURRI	YES NO	YES [SES OF DEATH?
YSICIAN T ding physici s certificate	or Hem 18	MEDICAL C	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	TH HOUR A.M. MONTH	DAY YEAR	LOCATION	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART (OR PART :	")
	norkedo	ME	WHILE NOT WHILE AT WORK	(ATHOME STREET FACTORY OFF	ICE, FARM ETC)	STREET	CITY OR TO	wn county	STAT ¢
OR ATTENE be hospital DIRECTOR:	Hem 21 is r		220.1 certify that (1) (this haspite sow the deceased alive an above, (1) (we) (did-fdid-not 22b. SIGNATURE	1/14	600	t in (my) (our) opm ion d	eath accurred on the de		 that (I) (we) less the couses stated
by the	* IN-		Storen HI	Berli	MM	ATTENDING .	MEDICAL STAI	F //	14/13
TO HOSP retained TO FUNI should by	IMPORTANT	22- 6	CEORGE A	to BECK	Con Con	CAMBAT	66 , N	nd 2/61-	3
BP			URIAL, CREMATION, REMOVAL SPECIFY) SULVA INERAL DIRECTOR	1/2//83	MT. P	EIET 250 DATE	23d LOCATION TO REC'D, BY REGISTRAR		mid
DHMH - 16 50M (VRA 15, 4		a	, E, Ware	1 314 6	ive St C	risfield	N 2 1 1983	John J.	Coming



medical

IMPORTANT: If Hem 21 is marked at Hem 18 shows any injury, at other traumatic event, the

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENI
CEDTIEIC ATE OF DEATH

FOR STATE REGISTRAR		DEPARTI		EALTH AND MENTAL HYG	REG.	0	1 /	1 4
1. DECEASED NAME	FIRST	MIODLE	i	AST	20 DATE OF DEATH	MONTH DA		26 HOUR
THE	ELMA	H.	6	DOTEE		1 28	83	10.30A
3. SEX	4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST I	SIRTHDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
female	whit	e	On	06 DAY 1904	79	YRS	DATS	HOURS MIN
70 BIRTHPLACE (STATE OR		F WHAT COUNTRY?	8 MADDIE	D MEVER MARRIED	9 BALTIMORE CITY	OR COUNTY C	OF DEATH	
Md.	U.	S.A.	WIDOWE		Dorch	ester		M
Cambridge	(IF NOT IN S	UCH FACILITY, GIVE STREET	ADDRESS)	l Hospital	12d USUAL OCCUPA (TYPE OF WORK FOR MOST Clerk-r	OF WORKING LIFE)	INDUSTRY	ed
	ING HOME OR OTHER INSTITUTE 136 COUNTY Orchester	13c. CITY OR TOW	/N	138. INSIDE CITY LIMITS?		Crusad	ار er Rd	
George	A.	Hoffma	ın	Lula	WE		Trav	ers
160 WAS DECEASED EVER		166 SOCIAL SECU	JRITY NO.	17. INFORMANT	A39	74 Tal	bot A	Ve.
no	(IF YES, GIVE WAR OR OATES)	218-12-	1922	Vera H. Sl		ambrid		
	mediate DUE TO.	OR AS A CONSEQUI	elli	tus C' 14. 1	Coulure INAL DISEASE OR CO	NDITION GIVEN	N IN PART 1	0
J90. DATE OF OPERA	TION 196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING CAUSES	NGS USED S OF DEATH?
OR COLUMNIA I	CAUSE OF DEATH HOUR	OF INJURY A.M. MONTH DA	AY YEAR	21¢ HOW INJURY OCCUR			T I OR PART 2)	NO [
4 (IF EITHER NOTIFY MEDI 21d INJURY OCCURI WHILE NOT WA	HILE THOME.	E OF INJURY STREET FACTORY, OFFICE F	ARM, ETC.)	211 LOCATION STREET	CITY OR	IOWN	COUNTY	STATE
22a.1 certify that (1) saw the decease above, (1) (we) (c	(this hospital) attended ed alive on did) (did not) view the boo	19	, or	nd that in (my) (our) apinion	to deoth accurred on the	dote and hour c	and from the	
22b. SIGNATURE		man	n	DEGREE 1. D ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF ICIAN	22c. DATE	28-1
22d. PHYSICIAN'S N	- Tanmo	n		22e ADDRESS	ing kita ing k			
230. BURIAL, CREMATION, BURIAL				EMETERY OR CREMATORY STER MEM PK	23d LOCATION CITY OF TOWN CAMBR	IDGE	DOR	MD

DHMH - 16 50M 1/B1 (VRA 15, 4)

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74 FUNERAL DIRECTOR
THOMAS FUNERAL HOME FEB 3 1983 CAMBRIDGE

3 - 100m - 10 - 10 State on the assets CI SIS TORONOUS IS IN THE SEPARATE TO THE PROPERTY OF ofied in not took a service Tay Taxant ADE THE MESENGES - Mason L. I hadde SSUE-TI-155 Tysty I work and I was a demonstration of the Park

		FOR STATE REGISTRAR			MENT OF H	E OF MARYLAND BEALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 3	0	17	15
		E OR PRINT)	€.	G-	ROF	F JR.	20 DATE OF DEATH	1261	183	3:25 PM
	3. SE	male	4. RACE white		O 7	17 DAY 1909	6. AGE (IN YEARS LAST		ONTHS DAYS	IF UNDER 24 HRS
36	7a 8	IRTHPLACE ISTATE OR FOREIGN COUNTRY) Md.	76 CITIZEN OF V	vhat country?	MARRIE WIDOWE	DE NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	MD.
3	10 C	Cambridge	DOTC	OSPITAL, NURSIN HEACILITY GIVE STREET NESTEET	General General	cal Hosp.	12a USUAL OCCUPA (TYPE OF WORK FOR MO) Welde		176 KIND O INDUSTRY	F BUSINESS OR
300	130. S	AL RESIDENCE (IF MURSING HOME OF STATE 136 COUI Md. Dorc		GIVE RESIDENCE BEFORE 13c CITY OR TOW Cambri	N	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRES	route	12	1613
) Powing	14 F/	John El	mer	Grof	f	15. MOTHER'S MAIDEN N Estelle			Jone	S
medical		VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV	E MAR OR CAREE	166 SOCIAL SECU 217-10-		Sue B. Gr	n en elle elle	RES1 Box		.21613
event, the		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	nly ane cause per I D BY: TE CAUSE (a)	appline for (a), (b), and	7C	ARREST			BETWEEN	MATE INTERVAL ONSET AND DEATH
oumatic		Conditions, if only which	DUE TO, OR	AS A CONSEQUE	TIDE	LEGET F	FAILURE			
r other tr		gove rise to immediate cause (0), stating the underlying cause last	COULT TO OR	AS A CONSEQUE	NICE OF	RALIZED AT		2515	467	ARS
injury, a	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CO	NDITION GIVE	N IN PART 110	,
2	CERTIFICATION	19a DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES □ NO	IN CERTIFY	WERE FINDING CAUSES	
em 18 st		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	1111	A. MONTH DA	AY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF IN	JURY IN ITEM 18 PAR	RT 1 OR PART 2)	
rkedorh	MEDICAL	21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE O	OF INJURY		71f. LOCATION	CITY OR	TOWN	COUNTY	STATE
21 is ma		220. I certify that (I) (this hospi sow the deceased live an abave (I) (ve) (did) (did na			19	d that in my (our) apinion	, to, to			tha (I) (we) last couses stated
II. If hem		Michael a.	Ness	Peero		DEGREE ATTENDING PHYSICIAN	MEDICAL ST	TAFF SICIAN [22c. DATE	6/83
MPORTANT		MICHAEL A.	0	levicz	1	22e ADDRESS	34RN 07		MBROC	
N		BURIAL, CREMATION, REMOVAL	1/29/	/1983 D	ORCHI	EMETERY OF CREMATORY ESTER MEM P	23d LOCATION			MD STATE

CAMBRIDGE

MD.

130. DATE REC'D. BY REGISTRAR TO REGISTRAR'S SIGNATURE ...

JAN 3

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

THOMAS

FUNERAL HOME

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* 10	1.	FOR		DEPARTM		E OF MARYLAND EALTH AND MENTAL	HYGIENE 8	6 (1 7	1 6
	1'	STATE REGISTRAR				ICATE OF DEATH		EG. NO.		
		CEASED NAME FIRST	MIE	DDLE	L.	AST	20 DATE OF DE	ATH MONTH	DAY YEAR	26 HOUR
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may in page	3 SE		4 RACE		5. DATE C	F BIRTH	6 AGE (IN YEARS		IF UNDER 1 YEAR	IF UNDER 24 HRS
ge 4 ector		Female	Whit	te	Nov		44	YRS	MONTHS DAYS	HOURS MIN
8 53		IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	8 AAARDIE	NEVER MARRIED	9 BALTIMORE	CITY OR COUN	TY OF DEATH	
AES SEE		aryland	US		WIDOWE		Doro	hester	c Co.	MD.
by the liegtwi	4	Cambridge	(IF NOT IN SUCH I	FACILITY, GIVE STREET A	ADDRESS)	ROTHER INSTITUTION Hospita	12a USUAL OCC (TYPE OF WORK FOR Homen	MOST OF WORKING	12b. KIND OF INDUSTRY	BUSINESS OR
au in au	USU 130	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, G		ADMISSION)		4		2//	013
filled ould b		1.17	chester	Cambri		13d INSIDE CITY LIMITS			rv Avenu	
tely 2 sh		ATHER'S NAME			200	15 MOTHER'S MAIDEN	NAME		- Avent	16
and wind		John	Weslev	Hill Hill		Marga		len.	Bel	17
d col	16a \	WAS DECEASED EVER IN U.S.	RMED FORCES?	6b SOCIAL SECUI	RITY NO.	17 INFORMANT	2200	ADDRESS 1	shing Cr	
n and co	(YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	215-36-	1579	Mrs. Star	nlev Hall	Box		, , , , , ,
the the		18 CAUSE OF DEATH Enter					1			MATE INTERVAL
rtificat physical pappe emaval event, t		18 CAUSE OF DEATH Enter PART I. DEATH WAS CAU		urulent	peric	arditis			BETWEEN OF	NOET AND DEATH
ic r	1	4204	ATE CAUSE (a)		10				2.1	
death ave co fran, a		Conditions, if any, which	DUE TO, OR	AS A CONSEQUE	NCE OF				- 11	
per CS has	1	gove rise to immediate cause (a), stating the) 6)							
by the ase rem I, cremin ather t		underlying couse last	DUE TO, OR	as a conseque	NCE OF					
ple pria		PART 2 OTHER SIGNIFICAN	CONDITIONS CON	ATRIBUTING TO D	EATH BUT	NOT BELATED TO THE T	ERMINAL DISEASE OF	CONDITION	SIVEN IN PART 1/2	
Then to b	Z	Severe diabet	es, Focal	broncho	pneum	onia, Pulmo	nary edema	, Abdon	inal eff	usions.
prior any i	CERTIFICATION	190 DATE OF OPERATION	196. CONDITE	ON FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPS	? 20b. IF \	YES, WERE FINDING	GS USED
he la has has ene per	ΙĔ						YES TO NO	IN CER	TIFYING CAUSES (OF DEATH?
nysicate ronsit Hygiels shall shall	1 8	210 ACCIDENT WAS UNDERLYING	21b. TIME OF			21c HOW INJURY OC	200		0.464	
4 4 4 1 0 E	A	OR CONTRIBUTING CAUSE OF E			Y YEAR					
his cer burio a Men	MEDICAL	21d INJURY OCCURRED	21e PLACE OF	FINJURY		21f LOCATION				
After the as the alth and marked	Z	WHILE NOT WHILE AT WORK	(AT HOME, STREE	T. FACTORY, OFFICE, FA	ARM, ETC.)	STREET	CIT	ORTOWN	COUNTY	STATE
		22a.1 certify that (1) (this has	pital attended the	deceased from	6=24-	.77	to 1-	13-	10 85 #	hat (I) (we) last
rOR: or us of He		sow the deceased alive	n	19	8)	d that in (my) (aur) apır	ian death occurred or	the date and h		1
REC ed f ppt o		above (1) (we) (did) (did)	the body of	tter death.		DEGREE			22¢, DATE S	
the horteners of the Ports of t		Mars.	não -		1	MD. ATTENDIN	G MEDICAL	STAFF		
HOSPITAL ned by the HUNERAL III he defetted the State DRITANT:	1	22d PHYS IAN'S NASPIEW	DEPEND			22e ADDRESS	DIRECTOR	HYSICIAN [
Par Harris	1	J. Edwin Fas	sett M.D.			P.O. Box 5	76 Cambrid	ee Md.	21613	
retained by TO HOSPITA by TO FUNERA de de with the State of WEDNITANT	22-				A 145 OF S				21017	
	230.	BURIAL, CREMATION, REMOVA SPECIFY) Burial				EMETERY OR CREMATO	CITY OR TOV	M	COUNTY	STATE
BP		DUTIAL UNERAL DIRECTOR	1/15/	83 DO	or. I	lemorial I	ark Cam	bridge	Dor.	Md.
MH - 16 60M 1/75 (VR A 15 (4))		NAME		ADDRESS C	amor	idge, Md. 250.	EB 1 4 1983	TRAKE THE REGI	O C.	NE.
(-110 12 (-1)	TI	nomas Funera	T Home	/UU Loc	ust :	St.	FD 7 4 190) John	mill las	HELK

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(VR A 15 (4))

STATE OF MARYLAND

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REGISTRAR

24 FUNERAL DIRECTOR

THOMAS FUNERAL HOME CAMBRIDGE

DHMH - 16 50M 1/81

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

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STATE

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		em 11 per	phone	1/31,	/83 dad		OF MARYLAND ALTH AND MENTAL H	IYGIENE E	3 3	n	1 7	1 0
	1	STATE REGISTRAR					ATE OF DEATH		REG. NO.	()	1 /	1
AAI)		CEASED NAME	FIRST ARIL		MIDDLE	IAS	PRLEY	20. DATE	OF DEATH M	ONTH DAY	YEAR 2	B HOUR
	3 SE	×	1	. RACE		5. DATE OF		6 AGE (II	YEARS LAST BIRTHE			8 P
	7. D	FEM ALE			WHAT COUNTRY?	3	19 21	(,		YRS	DEATH	
35		M l		US	5A	WIDOWED			DORC			
3	0	Am Babl	OE	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	Hospital		LIC HEY	ORKING LIFE) 1	26 KIND OF I NOUSTRY NURS	
35		AL RESIDENCE (IF NURS	13b COUNT	Υ	GIVE RESIDENCE BEFORE	N II	3d INSIDECITY LIMITS	? 13e STREE	TADDRESS	BOT	2161: AVE	3
EQ1	14. F	ATHER'S NAME	M	IDDLE	LAST		S. MOTHER'S MAIDEN	NAME	WIDDIE	300 F	LAST	
Q71		OME			SEW			TIE			ROL	
medicol		NAS DECEASED EVER YES, NO OR UNKNOWN) NO		WAR OR DATES)	214-6		7. INFORMANT	with	AP LES	76	228-2	049
it, the		18 CAUSE OF DEATH	H (Enter only	ane cause per					7-24-7-1	-ш-	APPROXIMA BETWEEN ON	SET AND DEATH
eve		PARTI DEATH W	IMMEDIATE		Oul	noneun	Arrust				min	utca
motio		1830		DUE TO, O	R AS A CONSEQUE		000			0.07	n ,,	100. 3
troun		Conditions, if any, gave rise to imm		(b)	Wan	.cin	Cancer	-			~ 10	gean
rother		underlying cause		DUE TO, O	r as a consequi	ENCE OF					1135	
njury, a	NO	PART 2 OTHER SIGN	IFICANT CO	ONDITIONS CO	ONTRIBUTING TO I	DEATH BUT N	OT RELATED TO THE TE	ERMINAL DISEA	SE OR CONDI	TION GIVEN I	N PART 11a	
2	CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATION	WAS PERFORMED	200 AU	TOPSY?	COB. IF YES, WI	G CAUSES O	S USED F DEATH?
Hem 18 sho		210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH D	AY YEAR	21c HOW INJURY OCC	URRED (ENTER	NATURE OF INJURY	N ITEM 18 PART I	OR PART 2)	
ked or h	MEDICAL	21d INJURY OCCURR	KE 🗆	21e PLACE	OF INJURY REET, FACTORY, OFFICE F		OF LOCATION STREET		CITY OR TOWN		COUNTY	STATE
21 is mor		220.1 certify that (1) saw the decease	(this haspita		20 19 4	\$3. and	that in (my) aur) opini	ion death accur	red an the date	and haur and		at Pre) to
If hem		obove (1) (1) 22b. SIGNATURE	2CL	view the body	after death.	DE	GREE	MEDICA DIRECTO	STAFF	N.O.	724 DATE SH	SHIPO 2
IMPORTANT: IF		22d. PHYSICIAN'S NA	ME STYPE OR	PRINT)	del m		22. ADDRESS 303 13			CA	MB.	NO 24
<u>M</u> ——	23a.	BURIAL, CREMATION,	REMOVAL	236. DATE	-	JAME OF CEA	netery or cremator	V 1234 LOG	TATION TY OR TOWN		UNTY	STATE
		INFRAL DIRECTOR					25n [DATE REC'D BY	REGISTRAPIS	ridge	RD DO	or.Mc
81		Thomas	Funer	al Ho	me, Camb	ridge	Md.		5 1983	Jo an	2. Car	iel
					,		,	JAIV	1300			

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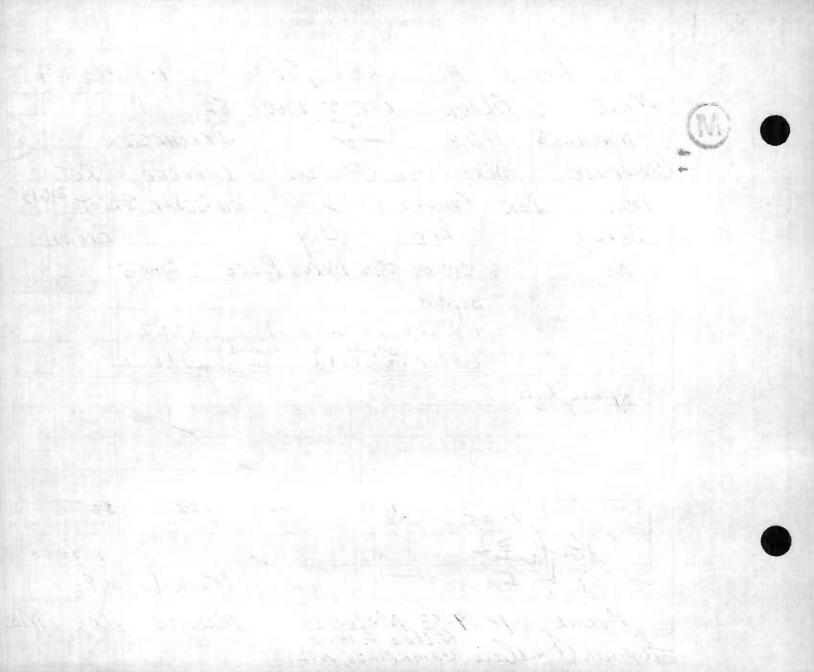
(VRA 15, 4)

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3	1	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 3	0 1 7 2
y be		CEASED NAME FIRST LE OR PRINT)	iN H.	Lee Sp.	20. DATE OF DEATH MONTH	25 83 10 20 HOUR
oge 4 mo	3. SI	MALE	BLACK	S DATE OF BIRTH DET 27 1900	6 AGE (IN YEARS LAST BIRTHDAY)	
deorh. P	36	MARYLANS	LOUNTRY:	MARRIED NEVER MARRIED DIVORCED DIVORCED NG HOME OR OTHER INSTITUTION	9 BALTIMORE CITY OR COUNTY OF COUNTY	SER
ours after	USU	ANBRISEE (IF NURSING HOME OR O	(IF NOT IN SUCH FACILITY, GIVE STREE LORCHESTE THER INSTITUTION GIVE RESIDENCE BEFORE	ADDRESS) GENSERAL E ADMISSION)	TYPE OF WORK FOR MOST OF WORKING	GLIFE) INDUSTRY
rthin 24 h	130	STATE 136 COUNT	OR CAMBLE	13d INSIDE CITY LIMITS? YES NO 15 NOTHER'S MAIDEN NO	SII CELAR	STREET 216
omple ond		VAS DECEASED VER IN U.S. ARM		GAY	MIDDLE	Brown
e be execucion ond cers. Pages I.		YES, NO OR UNKNOWN) (IF YES, GIVE V	217-07	5815 DEPUE F.	LEE SAN	APPROXIMATE INTERV
that the death certification by the attending phy assertemove carbon pour, cremoving or removing to the troumotic event		PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate couse tol, stating the underlying couse lost.	CAUSE (6) SE 0318	Ecupitus alantims &	,	con
een signed it. Then ple ior to burio ny injury, or	ATION	PART 2 OTHER SIGNIFICANT CO	1	DEATH BUT NOT RELATED O THE TER		
The low icion. The low icion. The low bright perm givene properties above or	CERTIFICATION				YES NO NO NO CER	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH YES NO
IYSICIAN; T ding physici s certificate buriol-tronsi Mental Hygi or Item 18 sh	MEDICAL CI	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY	AY YEAR 19 211 LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)
DING PHY or ottendia After this e as the bu oith and M morked or	WEI	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY, OFFICE	FARM ETC) STREET	CITY OR TOWN	COUNTY 51.
haspitol haspitol IIRECTOR: thed for us ept. of Hem 21 is		22a.1 certify that (I) (this hospito sow the deceased alive on above. (I) (we) (did) (did not) 22b. SIGNATUR	1-25 19	DEGREE ATTENDING		22c. DATE SIGNED
O HOSPITAL C etained by the TO FUNERAL D should be detected with the State D MAPORTANT; If		22d PHYSICIAN & NAME TYPE ORF	FASSETT		76 Condition	1-25-E.
BP	230	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	236 DATE 236	NAME OF CEMETERY OF CREMATORY MALONES	23d. LOCATION CHY OR TOWN MASS 501	DOR . 7
DHMH - 16 50M 1/81 (VRA 15, 4)	24.5	THAT DIRECTOR	Sais Cam	CIE PO MONTE	EB 7 1983	THAN SO BREELS

STATE OF MARYLAND



jury, or other troumotic

	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 3 O	1723
ĺ	I. DECEASED NAME FIRST BE	rtha A	Marshall	Jan. 23	1983 P.M
	s sex female	4. RACE Cau.	5. DATE OF BIRTH Dec. 3, 1934		FUNDER 1 YEAR FUNDER 24 HRS
	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) VIRGINIA	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY C DORCHESTER	OF DEATH MD.
	CAMBRI DGE		NERAL HOSPITAL	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) CASHIET	126 KIND OF BUSINESS OR INDUSTRY FOOD market
	USUAL RESIDENCE (IF NURSING HOME OF 136 STATE 136 COUR MARYLAND DORG		VN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 2163 (rural)Bel Air Ro	31 zip
	14 FATHER'S NAME FIRST FRANK	MIDDLE LAST WHITTA	KER LULA	MIDDLE	BEAGLE
	160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SECTION 168 SOCIAL SECTION	(1103	band) ADDRESS Marshall, same as 1	13e
	PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (b), and ED BY: TE CAUSE (a) DUE TO AS A CONSEQUENCE.	achanical Dissoc	ntrion + Ventri	BE WEEN ONSET AND
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, ORAS A CONSEQUE	Hyper The	ormina of from Anoxi	c Encychologial
	PART 2 OTHER SIGNIFICANT OF THE PART 2 OTHER 2	RE REALTE	DEATH BUT NOT SENATED TO THE TERM H OPERATION WAS PERFORMED	200 AUTOPSY? ZOB. IF YES, IN CERTIFY!	WERE FINDINGS USED ING CAUSES OF DEATH?
	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T 1 OR PART 2)

NO [216. TIME OF INJURY HOUR A.M. MO 21c HOW INJURY OCCURRED A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE 12 NOO 220 I certify that (th Ohis deceased alive and that in (my) (our) opinian deoth accurred an the date and haur ond from the causes stoted saw DEGREE ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN [

72e ADDRESS

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the t should be detached for use as the burial-transit permit. Then please remove carban popers. Pages 1 and 2 should be filled wit should be detached far use as the burial-transit permit. Then please remove c with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, MPORTANT: If Item 21 is marked ar Item 18 sha 230 BURIAL, CREMATION, REMOVAL BURIAL BP.

MEDICAL

23b. DATE JAN. 26, 1983 23c. NAME OF CEMETERY OR CREMATORY EAST NEW MARKET CEM.

EAST "NEW MARKET, DÖRCHESTER"

DHMH - 16 50M 1/B1 (VRA 15, 4)

etained by the hospital or attending

CAMBRIDGE, MD. 21613 24 FUNERAL DIRECTOR CURRAN FUNERAL HOME, 308 HIGH ST.

LULLAN LAKE LAKE TEAST NEW YEARS CORP. THAT CORP. TAST OF MERSET, DURCHESSEY, 16.

CHERRY SURESUL DOE DOE BLOB ST. CHARACTER STARS JAN 271933 - 3

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DHMH - 16 50M 1/81 (VRA 15, 4)

REGISTRAR

, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated PHYSICIAN DIRECTOR PHYSICIAN (SPECIFY) burial 22/1983 E.New Market Cem. E.NEW MARKET 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRA FUNERAL HOME CAMBRIDGE MD.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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be exect on and c		NAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES, G	IVE WAR OR GATES)	07-9624	A Lenora T.	McMahan It	em #13
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DHMH - 16 50M 1/81 (VRA 15, 4)		UNERAL DIRECTOR HOMAS FUNERAL	L HOME CÂ	MBRIDGE	MD. 250 DAT	N 1 9 1983	J. Coheed

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DHMH - 16 50M 1/B1 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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18. GIVE PAGE 3. WITH FORM AIT. PAGES 1 AN E, DIVISION OR	1	{YI	no, or unknov	VN) (IF YES, GIVE	war or Dates) ly ane cause per line	215	-18-8			ny T.	Murphy		m #13	
TING THE WORD "PENDING" IN PENCIL IN ITEM 18. DED TO THE CHIEF MEDICAL EXAMINER ALONG W 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. DEPARTMENT OF HEATH AND MENTAL HYGIENE, D	EMATION, OR REMOVA	Z.	gave ris cause (a) lying caus	s, if any, which to immediate stating the <u>under-</u> le last.	(b) C	oron	NSEQUENCE 18. TY O NSEQUENCE ATEO TO THE TERM	cclu OF		IN PART 1 (a)				
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APR	8	MEDICAL	2 Id. INJURY O WHILE AT WORK	NOTHINE	21e PLACE C STREET, FACT				CATION	4.	CITY OR TOWN	c	OUNTY	STATE
PAGE 4 SHOULD BE FORWA TO FUNERAL DIRECTOR: PA	ORE, MARYLAND,		22a certif death resulte ACTUAL SIGNATURE		re at the remains desiral causes \mathbf{X} ,	Accident		Autap	y , Inspe , Hamicide TITLE (SPECIF)	()	Inquiry X, etermined manner	and in my o	1/19/	183
EXECUTE THE EXECUTE THE PAGE 4 SHO TO FUNERAL	BALTIM	23a. Bl	EXAMINER'S I (TYPE OR PRIN JRIAL, CREMAT	ION, REMOVAL 2	hn Mace				ADDRESSR CREMATORY	[23d. L	nbridge,			
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	1.	STATE REGISTRAR				CATE OF DEATH	REG. NO	0 1		En G
		CEASED NAME FIRST	ERLA	MARIE	Ma	MURPHY	JAN 28,1	183	YEAR 26	HOUR M
	3 SE	× FEMALE	4. RACE		FEB.	7, DAY 1901 YEAR	6. AGE {IN YEARS LAST BIRTHDA	YRS IF UND		UNDER 24 HRS
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35	13a S		OR OTHER INSTITUTION UNITY CHESTER	13c CITY OR TOWN CROCHERO	N	YES NO 🔀	13e. STREET ADDRESS rural CROCK	HERON,	MD. 2	1627
10		ATHER'S NAME FIRST JAMES	MIDDLE	PRITCHETT		MONNIE	WIDDLE		TODD	
/	()	VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (15 YES, NO	ARMED FORCES? GIVE WAR OR DATES)	216-14-92		Mr. Willard	and ADDRESS Murphy, same			
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9	CERTIFICATION	PART 2. OTHER SIGNIFICAN		ONTRIBUTING TO DEA			20a AUTOPSY? 20	ON GIVEN IN B. IF YES, WER CERTIFYING YES	RE FINDINGS CAUSES OF	
9	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFETHER NOTIFY MEDICAL EXAMI	DEATH HOUR A	OF INJURY M. MONTH DAY M. OF INJURY	YEAR 19	216 HOW INJURY OCCURR				
	ME	WHILE NOT WHILE AT WORK 27a 1 certify that (1) (this has saw the deceased alive above, (1) (we) (did) (did)	(AT HOME, ST	REET, FACTORY, OFFICE FARM	6	STREET 19 1 that in (my) (our) opinion of	to 25 depth occurred on the date of	7, 19		state of (I) (we) lost uses stated
1		226. SIGNATURE CULLUL 220. PHYSICIAN'S NAME (11)	May	12 ry 80	M	ATTENDING PHYSICIAN 226. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN 10 133 (P	2-3	21. DATE SIC MA	183 21613
	23a B	BURIAL, CREMATION, REMOV SPECIFY) burial	Jan.31	, and the second		METERY OR CREMATORY DMas Church C	em. Bishop	s Head,	Dorch	state ester. M
	24 FL	UNERAL DIRECTOR CURRAN FUNI	ERAL HOME	Cambr 308 High	idge St.	, Md. 2161 FEB	2 1983	REGISTRAR	SICATURI	uf.

STATE OF MARYLAND

DHMH - 16 50M 1/BI (VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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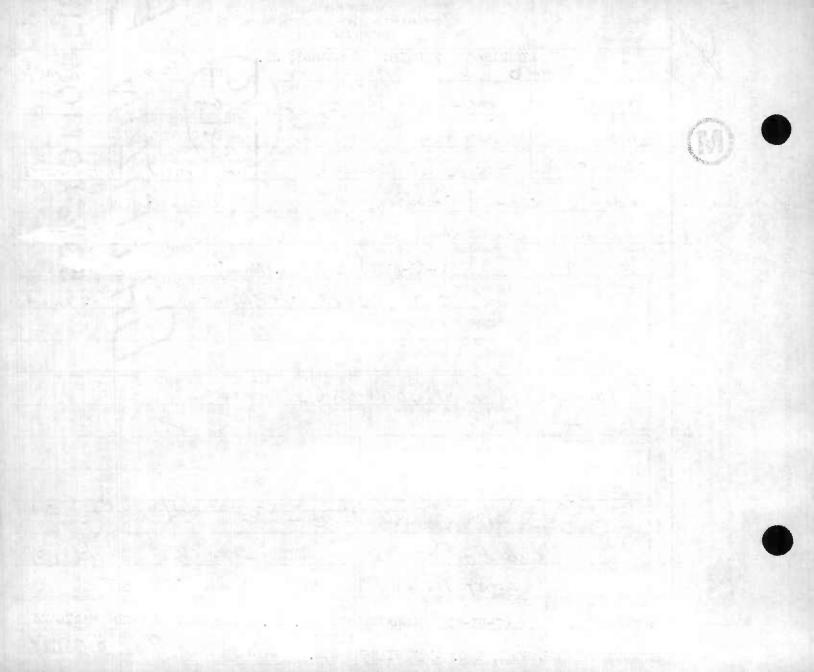
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SICIAN: Thing physicio certificate unal-transit			OR CONTRIBUTING _ CAU	SE OF DEATH	HOUR A.M	MONTH		111 110 11 11 1301	KI OCCOK	LED TENIER MAIORE OF INJU	KT IN ITEM IS PA	ART LOR PART 2)	
IYSICIA ding ph is certifi burial-tr Mental	ar Item	MEDICAL	(IF EITHER NOTIFY MEDICAL 21d INJURY OCCURRED		P.M 21e. PLACE O		19	211 LOCATION					
PH ten	edo	MEI	WHILE IT NOT WHILE				FICE, FARM, ETC.)	STREET		CITY OR TO)WN	COUNTY	STATE
Afte as	morked		AT WORK AT WORK					1/1/	17	5	1/20	(-5	
TO SO THE	isn		22a I certify that (1) (1)		1 - 4		7 . 5	1111	19	death occurred on the d	1	19_5_3	that (I) we) lost
ATT ospil ECTC	m 2	2	sow the deceased, above (1) Twe fdid	(drd not)	view the body o	fter death.			obinion o	death occurred on the d	die ond hour		
by the hose ERAL DIREC	0			No	ibut &	4 De	erys	PHY	ENDING YSICIAN [MEDICAL STA		22c DAJE	183
to HOSPITAL etained by the TO FUNERAL should be detailed by	MPORTANT		224. PHYSICIAN'S NAM	E TYPE OR	BERT	- 1.1-	Jerry	22e ADDRESS	13	BYRN S	TREE	=7	
De Ita	3 <	23a. E	URIAL, CREMATION, RE	MOVAL	23b. DATE		23c. NAME OF C	EMETERY OR CRE	MATORY	23d LOCATION	P -9	40	
BP	- 10		URIAL		02-01	-83	MEADOWR	IDGE MEM	. PK.	ELKRIDGE	HOWAI	RD MAF	RYLAND
DHMH - 16 50M		-	INERAL DIRECTOR				.,,	21229	25a DATE	REC'D. BY REGISTRAR	25h PhGISTF	RAR'S SIGNAT	URE
(VRA 15, 4))	Н	UBBARD FUNE	RAL F	HOME, IN	IC. 410			JA	N 3 1 1983	John	nd G	ahrely



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12			DIVISION OF VITAL RECORDS			ORESMARYLAND 21201	1 /	0 4
				CERTIFICA	TE OF DEATH			
střath. eral and 2 death.		ECEASED-NAME First Type or print)	Middle		Lost	2a. DATE OF DEATH	Day of Van	2b. HOUR
death death		(D)	110	76	AVERS	/ Manth 26	Doy 83 Year	230A
in final in the second	3. S	X	4. RACE	S	DATE OF BIRTH	6. AGE (in years last birthday)		F UNDER 24 HRS
S THE	_	MALE	white		3-14-10	1 72 YR		MIN MIN
टिक्ष वं स्व	7a.	BIRTHPLACE (State or fareign	7b. CITIZEN OF WHAT COUNTRY?		NEVER MARRIED 9.	COUNTY OF DEATH		
in 24 h		199	DORCHESTER	WIDOWED	DIVORCED	DORCHES	4-6/2	M
filled thin 24	1D.	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR I	NSTITUTION (If not		OCCUPATION (Kind of work don of working life, even if retired.		JSINESS OR
oletely to carban with with	1	Ambridge	Colassian	NURSA	Ultone WAT	EPMAN Treffred.	SHELL	FISH
E & 200	13a. odm	USUAL RESIDENCE (What issian) STATE	lived, if institution: Residence before 13b. COUNTY	e 13c. CITY OR TO	OWN 13d. INSIDE CITY LIMITS YES NO	13e. STREET AND NUMBER	7 2	1642
be execut and cam e remave in any ev	14.	ATHER'S NAME First	Middle Last	1S. /	NOTHER'S MAIDEN NAME First	Middle		Last
ate be		HEM	Y TPAVER	5	Nors 7	Tyler		
rtificate be ex physician and en please rem oval, and in an	160	WAS DECEASED EVER IN U.S. ARM es, no, ar upknown) (II yes give w	OF OF CES? 16b. SOCIAL SECURIT		OBMANT C	Address,	BOXTO	5
phys or property of the proper		YES WILL	or or dates of service) 3/16=/12-1	1848 /	18, ELIZ.	1-14 KON CHE	XII CORF	ERMO
at the death certifice the attending physisit permit. Then pl		1B. CAUSE OF DEATH (Enter onl	y ane couse per line for (a), (b), and (c).)			APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
eath endi nit. ar r		PART I. DEATH WAS CAUSED	TE CAUSE (a) ADENO CA	ARCINOM.	A OF STOMA	CH WITH	3 mm	
e deat attend permit ian, ar i		1517	DUE TO, OR AS A CONSEQUENCE O					
the sit		Canditions, if any, which gave)	(b)				10 10 7 60	
tho by Fran Crer		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE O)F				
equires that the c physician. signed by the att burial-transit per burial, crematian.		last.	(c)					
equ phr sign bur bur		PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT					
ICIAN: The law repital ar attending rificate has been d far use as the after the far use as the after the attention of Health prior to	NO	ATHEROSCL			UE HEART FA			
tend tend as prid	CERTIFICATION	19a. DATE OF OPERATION 19b. (CONDITION FOR WHICH OPERATION WAS I	PERFORMED	2Da. AUTOPSY?	2Db. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CER	TIFYING
The population of the populati	RTIF				YES NO 🔀			
AN: ola ola ola for Hea		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21c. HOW	INJURY OCCURRED (Enter no	nture of injury in Part 1 or Part 2	2, Item 1B.)	
SICI spirit eartiff ed the	MEDICAL	(If either, natity medical examin	er) P.M.	19				
Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. af Health priar to burial, creating the control of	N	21d. INJURY OCCURRED 21e. While Not while at work	PLACE OF INJURY (AT HOME FARM, STREET, FOFFICE BUILDING, ETC.	ACTORY.) 21f. LOCA	TION Street or R.F.D. No.	City ar Tawn	Caunty	State
by there be start		22a. I certify that (1) (thi	s haspital) attended the decea	sed framN	nay 27, 1981	_, to _ TANUARY 261	983 , that	(we) las
R: A		saw the deceased al	ive an JANUARY AS	bady after de	hat in (My) (aur) apinia	in death accurred an the	date and haur ar	id fram the
Sharing Sharin		22b. SIGNATURE	(1) (we) (uid) (uid iidi) view iiie	budy uner de	AIII.	22	c. DATE SIGNED	
L OR ATTEND be retained I DIRECTOR: Afge 3 should be lied with the S		Muchael a.	Modeeroca	MD DEGREE	ATTENDING MED. PHYS. DIREC	CTOR PHYS.	26/83	
AL Dogge		001 00000000000000000000000000000000000	1 1.		22e. ADDRESS	1113.	15.0,00	
TO HOSPITAL OI Page 4 may be TO FUNERAL DIR director, page 3 shauld be filed	-	NAME (Type) MICHAE	a A. Moskewicz	- MD.	503 B4K	N ST. CAMIBE	DGE Mel.	21613
D HO Page J Fu direct	73a.	BURIAL (REMATION 73b D REMOVAL (Specify)	NAME OF	CEMETERY OR CR	MATOR 2	OCATION (City or Town)	7(Sounty)	Sapto)
	24	CUTS AL DIRECTOR	AL OF PURE	208/14	WC-750 DEED BY D	GESTPAR JOSE PROTECTO	CORE !	10,
VR A15 (4) 45M - 1/69	1	conner tous	ERALHOME CA	MARIO	DATE JAN	271983 306	me Can	ut-

